

MDS Alert

COMPLIANCE: Random Audits Catch Not-So-Random MDS And Documentation Problems

Check out these facilities' simple strategies.

To ensure your facility's documentation backs up the RUGs, you need to know if you have a systemic shortfall that could cause you to slip into medical review on uneven footing.

For example, **Woodbriar of Wilmington** recently implemented a random chart audit process in which the MDS team reviews the charts of residents who RUG into rehab plus extensive services. They then confirm the chart includes documentation during the lookback to support any MDS item that drives reimbursement, says **Cindy Mahan**, the MDS nurse for the facility in Wilmington, DE. The team performs these key checks:

- The chart includes documentation for IV fluids (K5a) and IV medication (P1ac).
- The ADL index is correct. While the team usually targets residents in rehab plus extensive services, it may also audit the ADL score for a resident in RUA. "The ADL score for that RUG is low," says Mahan, "and it's unusual to have someone in ultra high with a low ADL score. So we want to make sure there isn't an error there."
- The rehabilitation minutes (P1b) match the therapy logs.
- The physician certification or recertification for skilled care is in place.

Another idea: Consider using your Medicare meetings to conduct a quick audit. That's what the interdisciplinary team at **Loch Haven** does to identify areas where it needs to focus quality improvement efforts, says **Christy Riekeberg, RN**, director of Medicare and therapy services for the nursing facility in Macon, MO. The team randomly selects a claim and then double-checks the MDS, the resident's chart and traces everything through each step of the billing process.